* DATENT ADDITION FOR DETERMINATION DECOM									Application or Docket Number				
* PATENT APPLICATION FEE DETERMINATION RECOR									001 m	-0-	٦.		
								1006 4500					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS 35							۱	RATE	FEE	1	RATE	FEE	
FOR :			NUMBER FILED		NUMB	BER EXTRA		BASIC FE	 	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			35 minus 20=		* 15			X\$ 9=	 	OR	X\$18=		
INE	EPENDENT C	LAIMS	∠ minus 3 =		• 2			X42=	135	1	X84=		
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT						84	OR	7.0 1-		
* If the difference is column to be a three page 1 to 100								+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2									589	OR	TOTAL		
CLAIMS AS AMENDED - PART II								SMALL ENTITY			OTHER THAN SMALL ENTITY		
	(Column 1)		(Colun			(Column 3)	3)	SWALL		OR T	SWIALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM! PREVIO PAID !	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* 35	Minus	** 3	5	=		X\$ 9=		OR	X\$18=		
	Independent	* 5	Minus	<u> </u>	5	=		X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	4.40		1	000		
	•.						L	+140=		OR	+280=		
							4	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1) CLAIMS	700	(Colun		(Column 3)	۱.						
AMENDMENT B		REMAINING AFTER AMENDMENT	er spælg (1914)	NUME PREVIO PAID I	BER DUSLY . I	PRESENT EXTRA	,	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 35	Minus	3	5	= //		X\$ 9=		OR	X\$18=		
	Independent	. /2	Minus	*** 4	5	= 7		X4 3 =	301	OR	X84=		
	FIRST PRESE	NTATION OF MU	ILIPLE DEF	ENDENT	CLAIM		!	+140=	1	OR	+280=		
							L	TOTAL	3/3/		TOTAL		
		(Column 1)		(Colum	an 2\	(Column 3)	A	DOIT. FEE		1011	ADDIT. FEE		
		CLAIMS	:	(Colum	ST	(Column 3)	1 -		1001	f	· · · · · · · · · · · · · · · · · · ·	4551	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PAESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***				X42=			X84=		
	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	PENDENT	CLAIM		 			OR	7.54-		
+140=										OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **OF ADDIT. FEE **OF ADDIT. FEE **OF ADDIT. FEE													
		ber Previously Pak					r foun	nd in the ap	propriate box	in colu	ımn 1.	. 1	